

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8802**

**62-035882**  
STATE FILE NUMBER

DO NOT WRITE  
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AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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1. <b>FILED</b> <b>SEP 17 1962</b> a. <del>St. Louis</del> <b>City of St. Louis</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Length of stay in 1b <b>43 Days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frisco Emp. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>	
3. <b>NAME OF DECEASED</b> (Type or print) First <b>John</b> Middle <b>Edward</b> Last <b>Anderson</b>		4. <b>DATE OF DEATH</b> Month <b>Sep.</b> Day <b>10,</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>10/25/1904</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dist. Gang Truck Driver</b>		11. <b>BIRTHPLACE</b> (City and state or country) <b>Missouri</b>	
13a. <b>FATHER'S NAME</b> <b>J. A. Anderson</b>		14. <b>NAME OF HUSBAND OR WIFE</b> <b>Richie</b>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. <b>SOCIAL SECURITY NO.</b> <b>Nil.</b>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line) PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7-28-62</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Aneurysm Basilar Artery</b>	
		DUE TO (c) <b>452x</b>	
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour <b>11:10</b> a.m. p.m. Month, Day, Year <b>July 30, 1962</b>	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b> <b>St. Louis</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>July 30, 1962</b> to <b>Sep. 10, 1962</b> and last saw him alive on <b>Sep. 10, 1962</b>		Death occurred at <b>11:10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. <b>SIGNATURE</b> (Degree or title) <i>W. H. Hoppe, Jr.</i>		22b. <b>ADDRESS</b> <b>4960 Laclede Ave. - St. Louis, Mo.</b>	
22c. <b>DATE SIGNED</b> <b>9-10-62</b>		23. <b>LOCATION</b> (City, town, or county) <b>Mo. (State)</b>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	23b. <b>DATE</b> <b>9-11-62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Oak Lawn Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) <b>West Plains, Mo.</b>
24. <b>FUNERAL DIRECTOR</b> <b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>SEP 11 1962</b>	
		26. <b>REGISTRAR'S SIGNATURE</b> <i>Earl Smith, M.D.</i>	

OCT 2 1962

SEP 19 1962

OCT 24 1962

APR 2 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No.

4495

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.